PR001 16-Jul-15

Preliminary Report of Accident

U.S. Department of Labor
Mine Safety and Health Administration



1. Accident Type:	2. Accident Clas	sification			3. Date/Time of Accident 4. Date/T				me of De	ath	5. Fatal Case N	Vo.
Fatal Injury	Slip or Fall of Person				11/26/2014 11:15 AM			11/26/2014 11:42 AM			29	
6. Mine Information :												
a) Mining Company Name	b) Mine Name				c) Parent of Mining Company							
U S Silica Company			tawa Plant	USS Hold				dings Inc				
7. Mine Location : a) City			b) Co	c) State 8. Min			Mine ID	line ID Number: 9. Union:				
Ottawa			La Salle	IL			11-01013			YES		
10. Primary Mineral Mined:			mber of Mine	a) Total b) Underground	c) Op	en Pit/0	Quarry	d) M	ill/Prep Plan	e) Other	
INDUSTRIAL SAND, N.I	E.C.	E	nployees:	147				20		92	35	;
12. Contractor Name:							13. Uni				ctor ID Number:	
Pabian Enterprises								10			670	
15. Contractor Address: a) City			b) County				c) State			d) Zip Code		
Ogi	lesby			LaS				IL			1348	
16. Number of Contractor En	nployees:	a) Total	b)	Underground	c) Ope	en Pit/Qua	rry	d	Mill/Pro	ep Plant	e) Other	
		4			140.24	4.5		. 171				
17. Number of Persons in Mi					Persons Unaccounted For:							
a) Mine Employees:	30	b) Contra	ctor Employee	es: 4	a) Mine E	mployees:			b) Co	ntractor Em	20. Mining H	الأعلمانية
19) Location of Accident 01-Underground	x	03-Open P	it	07-Advance	e Mining	30-Mi	ll/Prep	Plant	Othe	er (specify)	Feet Inc	-
02-Surface at Undergro		06-Dredge		08-Retreat			fice Fac				1 ccc in	.iics
21. Nonfatal Injuries:		atal Injurie		1	8							
21. Nomatai injuries.	22.11	itai Injurie	. 1									
23. Victim Information :		a) Name			b) Age							
	Dan	Pabian			58							
c) Regular Job Title:			d) Activity	at Time of Acc		,						
Leadman					Installatio					X	Contractor Emp	
	eeks Days		Years Wee			Year 20	s Week	s Days	D 24	C11-	Years Weeks Da	ys
a) Total: 22) at the mir	ie: 2	c) at	activity (23d)	20		26, Mine		Contractor	10	
25. Autopsy Performed: YES Will County	If Yes, Locatio	Л						20, Mille	-) 434-0188	3	
								.,		,		
27. Description of Accident (iOn November 26, 2014,											h	به مداما
the steps of the ladder in died later the same day. was a cervical spinal fra- investigation, the commi	a an attempt to The death cer cture due to a f	to hand the rtificate a fall from a	ne wrench to nd autopsy i ladder. Bai	o a co-worker report both in- sed on the fin	when he fell dicated that the dings of the co	and hit h he mann death cer	is hea er of c tificate	d. He wa leath was e, the aut	as trans s accide	ported to a intal, and t	a hospial, where he cause of de	e he
The information provided in	this notice is base	d on prelin	inary data O	NLY and does no	ot represent fina	al determin	nations	regarding (the natur	e of the incid	lent or conclusions	
regarding the cause of the ac												
28. Equipment Manufacturer	r:					29. Mo	del:					
30. District: 32. Field Office:								Т	33 Eve	nt Number:		
M4000 North Central			Peru IL						6702020			
34. Accident Investigator:				35. MSHA Per	rson Notified:				Da	ite	Time	
Jeffery P. Washkowi	ak			7785	pher A. Hen	ısler			11/26/	2014	12:41 P	
36. Type of Report:		37. Name	of Preparer a	and Date Prepar		7 - 7				Date	e	
In		Gerald D. Ho						12/05/2014				
38. Reason For Amendment:												